

# **Sexual Abuse Within the Health Care Field**

**by Ben E. Benjamin, Ph.D.**

## **PART I**

What motivated me to write this article on sexual abuse within the health care field was a series of incidents that occurred over the past several years.

I first became aware of the problem of sexual abuse through Communications classes which I have taught over the past twelve years. I discovered that many of the people I worked with had been sexually abused by either their parents, siblings, doctors, or therapists. Some had been seduced or raped repeatedly into their teens and others were more subtly violated.

More recently the name of a prominent doctor and psychotherapist in the Boston holistic community appeared on the front page of the Boston Sunday Globe. He was charged with an offense of sexual abuse with several of his patients. He was very well thought of and had worked mainly with people who were dying of terminal illnesses. As the facts unfolded it was revealed that he was having sex with many of his women patients, oftentimes giving them drugs to make them submit to him. This had been going on for at least eight years and no one had turned him in. Finally, his colleagues convinced him to give up his license. Through reading about this case I learned that, at the present time, in Massachusetts alone, there are two thousand cases of sexual abuse complaints waiting to come before a medical board for a hearing.

After this news came out, a friend of mine organized a group of

bodywork therapists to discuss the issues surrounding this doctor. Through the group members I began to hear other stories of how people in the bodywork and medical fields had abused their clients and patients. I heard stories of dentists, gynecologists, chiropractors, physical therapists, massage therapists, polarity therapists, Rolfers, and so forth. No group seemed to be immune to this problem and the types of abuse varied from gross to subtle. Some practitioners would remove their clothes while working and coerce them into intercourse while others would make sexual comments, or kiss various parts of the client's body uninvited. In one case, the therapist molested a woman while a small group including his wife watched.

My next step was to ask groups of therapists I was teaching from different parts of the country if they knew of incidents of sexual abuse by bodyworkers. This was by no means a scientific study, but it seemed many people had a story or knew of someone who had been sexually abused. The more I read about the problem of sexual abuse at the professional level the more rampant I realized it was. One physician whose new book was quoted in New Age magazine describes the problem as an "epidemic, mainstream problem". Let me quote from his article:

"I discovered that sexual exploitation by men of women under their care or tutelage is actually quite common, and that a remarkably similar pattern of sexual contact of this kind is perpetrated not only by male doctors, and therapists but also by male clergy,

lawyers, teachers and workplace mentors. I also found that the men who have sex with their female patients, clients, parishioners, students, and protégés are often accomplished professionals, admired community leaders, and respected family men who's integrity we tend to take for granted" (2)

This is disturbing information, and as I thought about why this was happening, I remembered when I was in social work school, learning of the high incidence of incest. Just 20 years ago, we thought that maybe one or two people in a million was a victim of incest. Today, we know that at least 18% of the population is a victim of incest. That's about one hundred and eighty thousand people out of each million in the United States!

If parents are assaulting their own children at this rate it speaks to a profound problem our society has with sexuality and it is not surprising that so many adults have difficulty with the boundaries around their sexuality. That their confusion extends into their relationships with their patients and clients is also not surprising.

It is encouraging that this issue is getting so much attention in the media and that as a result lawmakers in state legislatures are beginning to act. However, when we hear about sexual abuse in the professions it is usually in the psychotherapy or medical fields. But what about us?

As I thought about the problems our field might have in the area of sexual abuse, I found myself wondering if maintaining a clear,

professional boundary in the bodywork field was, perhaps, even more difficult than in other professions where the boundary is more clear cut. Bodywork by its very nature violates the normal boundary that exists between most people. Once this boundary has been crossed, it is easy to imagine that maintaining a clear separation between professional touch and personal intimacy can be confusing and difficult.

Defining sexual appropriateness in our field is not an easy task. What would be appropriate touching by one practitioner could be seductive when done by another. How can we draw the line? Solving the dilemma with rigid rules about where on the body touch is allowable does not really solve the problem. A therapist could be sexually invasive with words alone.

Having explored these hard questions I felt it was time that we take a look at this issue together so I organized a forum on "Sexual Abuse Within the Health Care Field" for the next AMTA convention in Boulder. I also talked to *Massage Magazine*, *IMF*, *APMT*, *AOBTA*, the *Massage Therapy Journal*, and others about publishing an article simultaneously and began to prepare this paper. My hope is that we will begin a national dialogue where we talk to each other more about this issue so that we can move toward an understanding of what we can do about it.

## **PART II**

In the next part of this article, I want to share with you some of what I have learned from readings and discussions with experts on sexual abuse of children, sexual abuse in the professional context and the relationship between the two.

During an interview with Krishnabai (3), an expert in the

field, she defined sexual abuse in this way.

"It is the violation of a person's sexual boundaries. With a child, it is a violation of their sexual boundaries by a person of greater authority or power. With an adult, it is really the same. In the professional context, the intimidation is still there. It is someone who uses their leverage to gain access to a person sexually in a way that the person wouldn't really agree to."

The important point here is that the experience of adults is very similar to the experience of children. In order to understand how this is so, it is important to know that professional relationships can be characterized by the development of a powerful transference element in which the parent/child relationship is unconsciously reestablished. A sexual relationship under these circumstances is always symbolically incestuous.

Because of the transference the clients are more vulnerable and unable to adequately protect themselves. The literature reports that the clients who are abused in professional relationships as adults are frequently those who were abused as children. (1)

The consequences of incest are disastrous as the child is betrayed and thereafter associates love with sexual violation. The prospects of a happy satisfying emotional life, filled with love, accomplishment, and healthy sexual expression become difficult for many survivors without good therapy of some sort. The research suggests that the consequences of sexual abuse by a professional are very similar to that of childhood incest. In both cases the victim suffers from: shame, denial, intense guilt associated with feeling they were responsible for the victimization, forced silence, and self destructive behavior. (2)

Transference is not limited to the field of psychotherapy. It is pervasive in all types of professional relationships.(3) The more there is a power differential, the greater the transference. Many people in our profession are not only doing bodywork, but are doing psychologically-oriented counseling or therapy in which strong transference is more likely to happen.

We as professional bodywork therapists cannot ignore the problem of sexual exploitation. It is a problem with which we all must be familiar because many of the clients who walk in our door may be sexual abuse victims, and because we are professionals who clients put their trust in. As I explored this issue, two important things stood out. First, that there was no effective mechanism in place for dealing with complaints of sexual abuse or misconduct within the profession as a whole. Second, and perhaps more importantly, I learned that there was no clear definition of what sexually inappropriate behavior was within our field.

## **PART III**

*So What Can We As Bodywork Therapists Do?*

Since the evidence points to the fact that sexual contact between therapist and client is a damaging experience, and we know it's happening to some extent in our profession, what can we do about it?

In my interview with Krishnabai, she made some recommendations for better educating therapists. She also urged erring on the side of caution until you know more about the person you are about to treat. To illustrate this she said, "For example, a client of mine went to a massage therapist. The woman walked in to the treatment room, shut the door, immediately pulled

all of her clothes off and lay down on the table. She didn't even know the therapist but thought that this was what she was supposed to do. The therapist said, "wait a minute, let's back up," covered her immediately and began to talk with her. The therapist discovered that the client had been abused and was so terrified of being touched that she disconnected from herself. Once the client felt safer, she got back off the table, put on her clothes, and then decided all she wanted was a foot massage and removed only her shoes and socks. This was all she felt safe with at that particular time. Because this is the kind of person who may walk into your office, it is important to get to know what you are dealing with before you put your hands on someone."

She went on to say "Sexual exploitation may also appear in verbal form in a bodywork session. For example, a comment that oversteps a client's boundaries might be 'you have a great body'. This could trigger emotions for a sexual abuse victim who feels responsible for the abuse. Then overt comments such as 'you are so responsive to touch!' or more obvious comments like 'I bet you're great in bed' are definitely abusive. We need to be sensitive and aware of the person we are dealing with so that we do not abuse them verbally."

Krishnabai also brought up the fact that most sexual abuse survivors do not have clear boundaries, and as therapists we need to be clear and create safety for these clients in particular. For instance, she said "if a client with unclear boundaries does not feel safe removing all her clothes for a session, she most likely will have a difficult time letting you know that. To a survivor of sexual abuse what you do or say has weight and she feels she has no choice. It's a good idea for you as the practitioner to be as neutral as you can and let the client

choose what feels safe. To lean on the conservative side until a relationship is established builds trust."

I asked her how she would define boundaries? She said, "The issue of boundaries is a very fuzzy topic for people. It's about where your sense of personal space ends, and the world begins - that line is your boundary. People need to have permission to come through and into that more intimate space in your life whether it is an intimate friendship or whether it is shaking your hand."

She said, "When I think about boundaries I think about a semi-permeable membrane that other people have control over. When I think about people who have been abused I see semi-permeable membrane with these big archways in it where an abusive person ripped through the membrane. Without any help or counseling the tear hangs there jagged throughout the person's life. When people walk around with tears in their boundaries it is very easy for other people to walk through them and very difficult for this person to stop them."

I urge our profession to provide leadership in acknowledging this problem and to break through the defensive postures of denial that prevent it's exposure and eventual solution. People in our profession must provide leadership in articulating ethical, clinical, and professional standards of conduct that address the therapist-client sexual context comprehensively, forcefully, and unambiguously. We need to welcome and encourage theory, research, and discussion.

Schools of massage and other body-oriented therapies need to deal openly and honestly with this topic. In our training we need to include sensitization to the negative consequences of sexual contact with clients using role

playing, and supervision on dealing with attraction to clients. We also need to include a basic course in the effective assessment of sexual problems since research suggests that over one-half of all therapists will treat clients who have been abused. Only by attending to these issues will we prevent the sexual exploitation of clients in general and specifically in our profession. We need ways of reaching and educating therapists who exploit others, often without even knowing they are engaging in harmful activity to their clients and themselves. And we need to develop strategies of prevention.



*I invite you to write to me with questions, opinions, and your thoughts and ideas on what we should do when we hear of a therapist who has abused someone. Please type your response if possible and be as succinct as you can. Thanks.*

Dr. Ben E. Benjamin  
Muscular Therapy Institute  
122 Rindge Ave.  
Cambridge, MA., 02140

(1) All material in these paragraphs on characteristics, consequences of sexual contact, ethical implications are excerpted or paraphrased with permission from the publisher of Sexual Exploitation in Professional Relationships, chapter 15, "Sexual Contact in Fiduciary Relationships." I would like to thank the publisher, Psychiatric Press and the author, Shirley Feldman-Summers PhD.

(2) New Age Magazine, Sex in the Forbidden Zone, November/December, 1989. Adapted from Sex in the Forbidden Zone: When Men in Power - Therapists, Doctors, Clergy, Teacher, and Others - Betray Womens Trust. By Peter Rutter MD.

(3) Krishnabai, M.E.D.

The Center for Sexual Abuse  
Counseling  
214 Market Street #14  
Brighton, MA 02135